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Discussion (Including Relationship to other Council

Actions)

BILL NUMBER

BRIEF TITLE	APPROVAL DEADLINE	REASON			
DETAILS	Sponsor	POSITIONS/RECOMMENDATIONS			
	Program Departments, of Groups Affects	Workforce Investment or ed			

Applicants/ Proponents

Opponents

Staff

Board or

Commission Recommendation

CITY COUNCIL

(For Council Use

ACTIONS

Only)

Recommendations

Applicant

Other

City Department

Groups or Individuals

Basis of Opposition

Reason Against

For " Against

For " Against

Pass (As Amended)

Without Recommendation

Council Sub.

Do not Pass

" For with revisions or conditions (See Details column for conditions)

No Action Taken

Pass

Hold

DETAILS	POLICY/PROGRAM IMPACT						
	POLICY OR PROGRAM CHANGE	" NO " YES					
	OPERATIONAL IMPACT ASSESSMENT						
	FINANCES						
	COST AND REVENUE PROJECTIONS	COST of total project: COST of this Ordinance/ Resolution	\$ \$				
		RELATED annual operating Costs	\$				
		INCREASE REVENUE EXPECTED/YEAR	\$				
	SOURCE OF FUNDS	CITY [Approximately] \$ \$ \$ \$ NON CITY [Approximately] \$ \$ \$ \$ \$ \$ \$ \$	% % % %				
	BENEFIT COST " Front Foot " Square Foot	Averag \$ \$	e Assessment				

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FACT SHEET PREPARED BY:

REVIEW BY:

REFERENCE NUMBER